Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _____ 04/30/2021 B. WING IL6003768 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 901 NORTH TENTH STREET APERION CARE MASCOUTAH MASCOUTAH, IL 62258 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 S 000 **Initial Comments** Complaint investigation 2142512/IL132737 S9999 S9999 Final Observations Statement of Licensure Violations: 300.625a) 300.625b) 300.625c)1)2) 300.625d) 300.625e) 300.625f) 300.6251)2)3)A)B)4) 300.625g) 300.625h) 300.625i) 300.625j) 300.6251) 300.625m) 300.625n) 300.6250) 300.625p) 300.625q) Section 300.625 Identified Offenders a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks. b) The facility shall be responsible for taking all steps necessary to ensure the safety of residents Attachment A while the results of a name-based background Statement of Licensure Violations check or a fingerprint-based check are pending; while the results of a request for a waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Illinois Department of Public Health							
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	Recommendation is	s pending.					
	background check r identified offender a	resident's criminal history eveal that the resident is an is defined in Section 1-114.01 y shall do the following:					
	Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender.						
	2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.						
	d) The facility shall of provisions contained Information Act.	comply with all applicable I in the Uniform Conviction					
	history record inquiri Department of State form and manner pro of State Police. The may charge the facil name-based and fine	nd fingerprint-based criminal les shall be submitted to the Police electronically in the escribed by the Department Department of State Police ity a fee for processing gerprint-based criminal es. The fee shall be					

Illinois Department of Public Health

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	The fee shall not ex processing the inqu Act) f) If identified offend the facility shall com	state Police Services Fund. Iceed the actual cost of Iry. (Section 2-201.5(c) of the Ires are residents of a facility, Irply with all of the following		8				
	requirements: 1) The facility shall inform the appropriate county and local law enforcement offices of the identity of identified offenders who are registered sex offenders or are serving a term of parole, mandatory supervised release or probation for a felony offense who are residents of the facility. If a resident of a licensed facility is an identified offender, any federal, State, or local law enforcement officer or county probation officer shall be permitted reasonable access to the individual resident to verify compliance with the requirements of the Sex Offender Registration Act, to verify compliance with the requirements of Public Act 94-163 and Public Act 94-752, or to verify compliance with applicable terms of probation, parole, or mandatory supervised release. (Section 2-110(a-5) of the Act) Reasonable access under this provision shall not interfere with the identified offender's medical or psychiatric care.							
	enforcement officials to develop, if needed address the presence registered sex offence parole, mandatory se probation for a felon compliance with Sec	hall meet with local law s to discuss the need for and d, policies and procedures to se of facility residents who are ders or are serving a term of upervised release or y offense, including stion 300.695 of this Part.						

Illinois Department of Public Health STATE FORM

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Illinois Department of Public Health							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
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	guardian, and to evenotice, prescribed by the resident, guardiaright to ask whether are identified officiality. A) The notice shall within every license B) The notice shall information regarding may be obtained frowebsite, www.isp.st regarding persons a mandatory supervise from the Illinois Department of the shall information of the shall inf	rent resident and resident's ery facility employee, a written by the Department, advising an, or employee of his or her any residents of the facility lers. The facility shall confirm ffenders are residing in the also be prominently posted diffacility. Include a statement that any registered sex offenders are the Illinois State Police ate.il.us, and that information serving terms of parole or ed release may be obtained partment of Corrections state.il.us. (Section 2-216 of					
	4) If the identified of or mandatory super contact the resident acknowledge the tercontact information office, and maintain in the resident's recinclude the resident's particular of compliance with shift and the steps required in suidentified offenders, apply to residents were contact the resident of the steps required in suidentified offenders.	fender is on probation, parole, vised release, the facility shall is probation or parole officer, rms of release, update with the probation or parole updated contact information ord. The record must also is criminal history record. Aintain written documentation Section 300.615 of this Part. Inually complete all of the bisection (f) of this Section for This requirement does not the have not been dischargeding the previous 12 months.					

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Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: __ C B. WING 04/30/2021 IL6003768 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 901 NORTH TENTH STREET **APERION CARE MASCOUTAH** MASCOUTAH, IL 62258 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 4 i) For current residents who are identified offenders, the facility shall review the security measures listed in the Identified Offender Report and Recommendation provided by the Department of the State Police. j) Upon admission of an identified offender to a facility or a decision to retain an identified offender in a facility, the facility, in consultation with the medical director and law enforcement, shall specifically address the resident's needs in an individualized plan of care. k) The facility shall incorporate the Identified Offender Report and Recommendation into the identified offender's care plan. (Section 2-201.6(f) of the Act) I) If the identified offender is a convicted (see 730 ILCS 150/2) or registered (see 730 ILCS 150/3) sex offender or if the Identified Offender Report and Recommendation prepared pursuant to Section 2-201.6(a) of the Act reveals that the identified offender poses a significant risk of harm to others within the facility, the offender shall be required to have his or her own room within the facility subject to the rights of married residents under Section 2-108(e) of the Act. (Section 2-201.6(d) of the Act) m) The facility's reliance on the Identified Offender Report and Recommendation prepared pursuant to Section 2-201.6(a) of the Act shall not relieve or indemnify in any manner the facility's liability or responsibility with regard to the identified offender or other facility residents. n) The facility shall evaluate care plans at least quarterly for identified offenders for appropriateness and effectiveness of the portions

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	OF PROVIDER OR SUPPLIER STREET ADDR. 901 NORTH MASCOUTAH SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)							

Illinois Department of Public Health STATE FORM

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	This REQUIREMEN	NT was not met as evidenced		±:		
	review the Facility f	on, interview and record ailed to ensure resident's d checks were being 5 residents (R1, R2, R4) round checks in the sample of				
	Findings include:					
	On 4/29/2021 at 8:1 displaying any "Ider was not was posted	8 AM, the Facility was not attified Offenders Sign" and it in the Facility.		33		
	heard from the child	:00 AM, laughter could be dren from the school as the e street from a school.				
	stated she was new	of AM, V1, Administrator, to the Facility and was in the find the background checks R5, and R6.				
	list of identified offer	22 AM, the Facility provided a nders residing in the facility R2, R3, R4, R5, and R6				
	Manager, stated, "I staff and (V5), Social	5 AM, V6, Business Office do the background checks for al Service, does the for residents but she is not				
	stated (V5) was in c	3 AM, V1, Administrator, harge of the resident but had only been in the We are all new and learning."				

Illinois Department of Public Health STATE FORM

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	1. R1's Facesheet	document R1 was admitted to 2020. R1's electronic records				
	document a Backgr 5/22/2020 but no ac scanned and in the documentation or p	round check was requested on ctual background papers were computer and there was no roof of the report being the three the facility.				
	R1's State Police C	riminal History Background				
	documents a R1 had documented as an	y the Facility dated 3/24/2021 is a "Hit" and R1 was identified offender.) 19	
	with the box at the t fingerprint was com time)." The Fingerp	nsent Release undated and cop documenting "The upleted on (no date) and (no rint consent Release was not was incomplete. Applicant lank.			e de la companya de l	
	identified offender a	s not document R1 is an and there were no portions ified offense and or any goals arget goals for R1.				
	2. R2's Facesheet of the Facility on 12/3	documents R2 was admitted to				
	and with the box at fingerprint was com	nsent Release was undated the top documenting "The pleted on (no date) and (no rint consent Release was 22/2021.				
	check dated 3/15/29	riminal History Background 021 documents R2 has a "Hit" ed as an identified offender. s 12/31/2019.				
	3 RA's Escasheet (locuments R4 was admitted to				

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Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _____ C 04/30/2021 IL6003768 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 901 NORTH TENTH STREET **APERION CARE MASCOUTAH** MASCOUTAH, IL 62258 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 8 the Facility on 9/17/2020. R4's State Police Criminal History Background check, dated 10/29/2020, documents R4 has a "Hit" and was documented as an identified offender after R4 was in the Facility. R1's Care Plan does not document R4 is an identified offender and there were no portions specific to his identified offense and or any goals and measures or target goals for R1. On 4/30/2021 at 11:13 AM, V1, Administrator, stated she expected all background checks to be completed before the residents entered the Facility and she was not aware of any Background check Policy." (C)

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